



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GAS

(Type or print)

Date: _____

Building Address _____ Permit # _____

TOWN OF ACTON

Owners Name _____

☐ NEW ☐ RENOVATION ☐ REPLACEMENT

G	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER
SUB-BSMT																		
BASEMENT																		
1 ST FLOOR																		
2 ND FLOOR																		
3 RD FLOOR																		
4 TH FLOOR																		

(Type or print)

Installing Company Name _____

Address _____

Business Telephone _____

Name of Licensed Plumber or Gasfitter _____

Check One: Certificate

☐ Corp. _____

☐ Partner _____

☐ Firm/Co _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

☐ -Owner ☐ -Agent

Signature of owner/agent of property _____

☐ I have a current liability insurance policy to include completed operations coverage.

FOR INSPECTION CALL:
GARY COREY (978)-263-5595
HOURS: 7:00 A.M. – 9:00 A.M

Signature of Licensed Plumber or Gasfitter _____

License Number _____

Type of License

☐ --Plumber

☐ --Gasfitter

☐ --Master

☐ --Journeyman



Town of Acton

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit

Applicant Information:

Please Print Legibly

Name: _____

Location: _____

City: _____ Phone #: _____

☐ I am a homeowner performing all work myself.

☐ I am a sole proprietor and have no one working in any capacity.

☐ I am an employer providing workers' compensation for my employees working on this job.

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

☐ **I am a sole proprietor, general contractor, or homeowner** (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

Official use only
permit/license # _____

do not write in this area, to be completed by city or town official

☐ Check if immediate response is required

Contact person: _____ Phone #: _____

____ Building Department
____ Licensing Board
____ Selectmen's Office
____ Health Department
____ Other _____